

## CITY OF MILWAUKEE – POLICE DEPARTMENT

## PHYSICIAN'S REPORT ON DUTY RELATED INJURIES

Department member's suffering a duty-related injury, shall have their treating physician complete this report at the initial examination and at each visit thereafter. Member is to personally submit it to their Commanding Officer at the earliest possible opportunity.

1. Name of injured member Shannon Lewandowski  
(please type or print all information)

COPY

2. Name of treating physician: William R. Shaffer MD

3. Date of examination: 1-21-15 Date of injury 1-19-15

4. Is the injury: ☒ a new injury. ☐ a recurrence of an old duty injury.

5. Briefly describe the employee's injury: Involved in work related MVA.  
Multiple contusions + abrasion. Concussion. Whiplash.  
Sprained @ ankle.

6. Diagnosis: As above

7. Is the employee able to return to his/her normal WORK DUTIES? YES ☐ NO ☒

If YES, disregard the following and sign below.

If NO, please read the following paragraph and complete questions 8 through 10.

The Milwaukee Police Department has implemented a "limited duty" program to provide members, suffering a temporary disability, the opportunity to continue making a positive contribution to Department operations by temporarily reassigning them to support positions. These sedentary assignments place minimal physical demands upon the incumbent and are designed so that the member is isolated from the hazards normally associated with police work. (see reverse)

8. Is the employee capable of returning to work in a limited-duty capacity? YES ☐ NO ☒

If YES, please describe any medically advisable restrictions upon the employee's workplace activities: \_\_\_\_\_

Expected length of time under limited duty: \_\_\_\_\_

If NO, please briefly state your reason: \_\_\_\_\_



If NO, should the injured employee be allowed to leave his/her residence in order to further recuperation:

YES ☒ NO ☐

9. When do you anticipate the member will be able to return to his/her normal work activities: ~4-6 weeks

10. Date of next scheduled examination/treatment: 3 weeks

A. Treatment provided: Evaluation -----1690

Reporting Physician's Signature: W R Shaffer MD

Address 1055 N. Mayfair Rd, Wauwatosa Phone #: 414-479-2300